



DFSM Prior Authorization and Claim Submission Training for Provider Type TS

Medicaid Non-Emergency Medical Transportation Lodging and Meals Services

DFSM Provider Training Team
January 2023

Medicaid Non- Emergency Travel Provider

Provider Type - TS (Travel Services)

Claim and prior authorization requests will be submitted using the AHCCCS assigned 6-digit provider identification number #153424.

AHCCCS Online Provider Portal

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Available Resources and Tools:

- Claim Status
- Claim Submission
- Member Verification
- Prior Authorization Inquiry
- Prior Authorization Submission
- Provider Verification

<https://azwebtst.statemedicaid.us/Default.aspx>

Member Verification Tab

Member Verification

Using the member verification tool allows AHCCCS providers to verify eligibility and enrollment status. AHCCCS providers can view:

- Third Party Liability
- Copayments (may apply to MCO programs only),
- Medicare Coverage,
- Behavioral Health Services,
- Special Program enrollment and,
- Additional Benefits information.

Requested Data:

AHCCCS ID:	Last Name:
DOB:	First Name:
Begin Date of Service: 01/01/2023	SSN:
End Date of Service: 02/27/2023	Medicare Claim Number OR Medicare Beneficiary ID:

Returned Data:

AHCCCS ID:	Last Name:
DOB:	First Name:
DOD:	SSN:
Gender: F	Medicare Beneficiary ID:

Demographics

Mailing Address 1	Mailing Address 2	City	State	Zip

Eligibility Renewal Date

Eligibility Renewal Date:	09/30/2023
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Eligibility

Eligibility Group Description	Insurance Type	Begin Date	End Date	Added On
ACUTE	MC MEDICAID	11/01/2015		

Medical Enrollment

Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type
999998 AHCCCS AMERICAN INDIAN HP	11/01/2015		3517 - ADULT 40-100% FEMALE 21-44 NO MDC	E ACC/FFS	MC MEDICAID

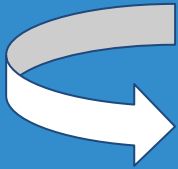
[+ Service Type Codes](#)

Prior Authorization Submission Tab

Prior Authorization Submission and Status

- PA Submission and Status
- PA Attachment tool
- Comments Section

There are *three* Steps to Create a Prior Authorization Case:



- PA Case Creation
- Event Type
- Activity Type

Claim Status and Submission Tab

Claim Status and Submission Tab

Claim Submission

- All approved travel, meals and lodging services are submitted to AHCCCS FFS using the CMS 1500 (Professional) claim form or the electronic equivalent 837P.

Provider Verification Tab

Provider Verification Tab

Provider Addresses:

- Correspondence,
- Pay to location,
- Service location
- Category of services
- Group Billing Affiliations

Billing and Prior Authorization Service Codes

Claim Submission and Reimbursement

Form Type: CMS 1500 (professional)

Dates of Service

HCPCS/ Billing Codes

Total Number of Units

Total Charge Amount per Line of Service

ICD-10 Diagnosis Code

- It is not required to enter the specific diagnosis code for travel and lodging requests. The ICD 10 diagnosis code **R68.89** is a general DX code that is allowed for use for travel service requests.

Non-Emergency Transportation Travel Codes/Descriptions

HCPCS	Description	Daily Units
A0180	Ancillary: Lodging Recipient	1
A0190	Ancillary: Meals Recipient	3
A0200	Ancillary: Lodging Escort (must be prior authorized)	1
A0210	Ancillary: Meals Escort (must be prior authorized)	3
A0140	Non-Emergency Transportation and Air Travel	2
A0130	Non-Family Escort Fee	1
S9976	Administrative fee	2

Lodging Member A0180 and Meals Member A0190

Example	For each night of the approved stay:	Billing Units
Member is traveling without an escort from 2/3/2023 - 2/5/2023.	<p>Lodging:</p> <ul style="list-style-type: none">• Bill lodging under A0180. <p>Meals:</p> <ul style="list-style-type: none">• Bill meals under A0190.	A0180 – 2 units A0190 – 2 units

Lodging Escort A0200 and Meals Escort A0210

Example	For each night of the stay	Billing Units
Member is traveling with an escort from 2/3/2023 - 2/5/2023.	<p>Lodging:</p> <ul style="list-style-type: none">• Bill lodging for the escort under A0200. <p>Meals:</p> <ul style="list-style-type: none">• Bill meals for the escort under A0210.	<p>A0200 – 2 units</p> <p>A0210 – 2 units</p>

Code used when Member inpatient and escort required to be lodged, can't be at bedside. Otherwise, Escort/Member entered under A0180

Non-Family Member Escort Fee A0130

Example	For each night of the approved stay	Billing Units
Member is traveling with a Non-Family member escort from 2/3/2023 - 2/5/2023.	Bill lodging under A0130.	A0130 – 1 unit

Non-Emergency Transportation And Air Travel

A0140

Example	Air Travel	Billing Units
Member is traveling 2/3/2023 - 2/5/2023.	Bill air travel under A0140.	A0140 – 1 unit A0140 – 2 units

Note: Provider will need the full price of tickets/unit price.

Administrative Fee Coordinating Travel Services S9976

- Initial Authorization (*specific rate*)
- Continued Authorization (*specific rate*)

Additional Billing Information

- Place of Service code - 99 “other unlisted facility”.
- Providers are not required to enter the PA / Case number on the claim submission.
- The AHCCCS processing system will identify the appropriate PA / Case Number based on the claim details (member ID, provider ID, dates of service, billing codes and units).



AHCCCS Online Provider Portal

AHCCCS Online Provider Portal Training

To get started navigate to the AHCCCS Provider Portal.

<https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=%2f>

Utilize the Sign In option.

Username: All users must have a valid account.

Password: Use the password that was used to set up your individual account. Do not share passwords.

Sign In

Username:

Password:

[Forgot your Password?](#)

- Passwords are case-sensitive. After 3 failed attempts within a 15 minute period, your account will be locked. If locked, you will either need to contact your Master Account holder to unlock your account or use the Password Recovery feature.

⚠ Your web browser must have JavaScript enabled in order to use AHCCCS Online.



AHCCCS Online Provider Portal Prior Authorization Submission Training

On this page providers can select from the available options listed under the Menu tab.

Menu
AIMH Services Program
Claim Status
Claim Submission
Electronic Fund Transfer (EFT) Enrollment
Member Verification
Member Supplemental Data
Newborn Notification
Prior Authorization Inquiry
Prior Authorization Submission
Provider Verification
Targeted Investments Program

- Prior Authorization Inquiry
- Prior Authorization Submission
- Claim Status
- Claim Submission
- *More.*

Getting started: On the Menu tab, select the Prior Authorization Submission, and the PA submission tab at the bottom of the page.

- The PA Recipient/Case Search page will appear. Complete all fields and select the Search tab.
- This step is required to determine if an existing PA is already on file for the date span.
- If no PA is found, then this step will prompt the app to go to the next step in the process; and that will be to enter a new prior authorization request.

PA Recipient/Case Search

Search System:*	ACUTE ▼	
Search By:*	AHCCCS ID ▼	
AHCCCS ID:*	A12345678	(Ex. A12345678)
Service Provider ID:*	--- SELECT--- ▼	
Begin Date Of Service:	03/01/2023	(Format: MM/DD/YYYY)
End Date Of Service:	03/15/2023	(Format: MM/DD/YYYY)
<div>Search Clear</div>		

No Records Found!

- Click the “Add New Case” button to add the new case information.

Other Actions!

- Click Case number to view all events in the case.
- Click Update link to update the case.

Case List

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) |

Click "Add New Case" button to add new case. Click Case number to view all events in the case. Click Update link to update the case. Approved PA cases cannot be updated online. Please contact PA G update approved PA cases.

Service provider

Provider ID: 123456

Provider Name: Training

NPI:

Search Dates

Begin Date: 03/01/2023

End Date: 03/15/2023

Case List

No Records Found.

Add New Case

The Verify Information page will appear at the end of each step.

- **Submit Button:** If the information entered is correct, click the “Submit” button to go to the next step.
- **Edit Button:** If a correction is required, click the “Edit” button, *make the correction, then select the “Update Button” to accept the changes.*

Add New Case

[PA Case Search](#) | [Case List](#)

Service provider		
Provider ID:	Provider Name:	NPI:

Verify Case Information

AHCCCS ID:	A12345678
Provider ID:	123456
Service Provider NPI:	
Provider Contact Name:	
Contact Phone Number:	
Effective Begin Date:	03/01/2023
Effective End Date:	12/31/2023
Description:	lodging services
<input type="button" value="Submit"/>	<input type="button" value="Edit"/>

A new PA case has now been created and will show under the Case No field. The next step in the process is to enter the Event List information. Click on the case number to go to the Event List page.

Case List

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Home](#)

Click "Add New Case" button to add new case. Click Case number to view all events in the case. Click Update link to update the case. Approved PA cases cannot be updated online. Please contact PA Group to update approved PA cases.

Service provider

Provider ID:

Provider Name:

TEST

NPI:

Search Dates

Begin Date: 03/01/2023

End Date: 03/15/2023

Case List

Transaction Succeeded.

Case No	AHCCCS ID	Begin Date	End Date	Case Status	Case Type	Description	
0000865082	A12345678	03/01/2023	12/01/2023	PENDED	PRIOR AUTHORIZATION	LODGING SERVICES	Update

Add New Case

Step 2 Add New Event.

No Records Found!

- Click the “Add New Event” button to add the Event information.

Event List

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#)

Service Provider			
Provider ID:	Provider Name:	NPI:	
Recipient			
AHCCCS ID:	Name:	DOB:	Gender:
Case Detail			
Case Number: 000012345	Begin Date: 03/01/2023	End Date: 12/31/2023	Status: PENDED
Event List			
No Records Found			

Add New Event

Additional actions that can be initiated on the Event tab

Other Actions!

- Click the sequence number to view all activities in the event.
- Click the “Update” link to update the event.
- Click the “Add Event” button to create a new event.
- Click the “attachments” link to upload or view a document associated to a specific event.
- Note: Approved events cannot be updated online. If an update or correction is required, providers must submit the Prior Authorization Correction Request Form.

Enter Event Information!

- **Event Type:** select the option “Other Transport”.
- Enter the Begin and End Dates for the PA request.
- Enter the Diagnosis code.
- Complete the Description field.
- Select the “Next” button.

Enter Event Information	
Case No:*	000865082
Event Type:*	OTHER TRANSPORT ▼
Recipient AHCCCS ID:*	auto populates
Provider Contact Name:*	auto populates
Contact Phone Number:*	auto populates
Requested Begin Date:*	03/01/2023
Requested End Date:*	03/15/2023
Admit Date:	
Discharge Date:	
Diagnosis Code:*	R68 . 89
Description:	Travel / lodging
<div>Next Clear</div>	

The Verify Event Information page will appear at the end of each step.

- **Submit Button:** If the information entered is correct, click the “Submit” button to go to the next step.
- **Edit Button:** If a correction is required, click the “Edit” button, *make the correction, then select the “Update Button” to accept the changes.*

Verify Event Information

Case No:	000865082
Event Type:	OT(OTHER TRANSPORT)
Recipient AHCCCS ID:	
Provider Contact Name:	
Contact Phone Number:	
Requested Begin Date:	03/01/2023
Requested End Date:	03/15/2023
Admit Date:	
Discharge Date:	
Diagnosis Code:	R68.89
Description:	Travel / lodging

On the Event List page, click on the desired “Sequence” number to go to step #3 which is the last step in the PA submission process, completing the “Activity List” tab.

Event List

PA Case Search | Case List | Event List | Activity List

Click the "Add New Event" button to create a new event. Click the Sequence number to view all activities in the event.
Click the "Update" link to update the event. Click the "Attachments" link to upload or view a document associated to a specific event.

NOTE: Approved events cannot be updated online. Please contact the PA Group to update approved events.

Service provider	
Provider ID:	Provider Name: TEST NPI:

Recipient	
AHCCCS ID:	Name: DOB: Gender:

Case Detail			
Case No: 000865082	Begin Date: 03/01/2023	End Date: 12/31/2023	Status: PENDED

Event List									
<p>Partial text for new unread notes will appear as a blue link. Click the link for each Event shown in the Unread section to view the full text of important information about your authorization. Click on the button in the Read section to review any previously read notes. Transaction Succeeded.</p>									
Sequence	Event Type	Begin Date	End Date	Admit Date	Status	Reason	Diagnosis Code	Update	Attachments
01	OT	03/01/2023	03/15/2023		PENDED	PH09	R68.89		
<p>Unread notes for Seq=01</p> <p>No unread notes for this event</p> <p><input type="checkbox"/> Read notes for Seq=01</p>									

Add New Event

Step 3 Add New Activity.

No Records Found!

- Click the “Add New Activity” button to add the new activity information.

Activity List

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#)

Click "Add New Activity" button to create new activity. Click "Update" link to update the activity. Approved activities cannot be updated online. Please contact PA Group to update an approved activity.

Service provider			
Provider ID:	Provider Name:	TEST	NPI:
Recipient			
AHCCCS ID:	Name:	DOB: 08/13/1965	Gender:
Case Detail			
Case No:	000865082	Begin Date: 03/01/2023	End Date: 12/31/2023
		Status: PENDED	
Event Detail			
Sequence No:	01	Srv Begin Date: 03/01/2023	Srv End Date: 03/19/2023
		Status: PENDED	
Activity List			
No Records Found.			
Add New Activity			

Enter Activity Information!

- **Activity Type:** select the option “HCPCS”.
- **Activity Code:** enter the HCPCS code.
- **Allowed Units:** enter the number of units.
- The “Note” field is *optional*.
- Select the “Next” button.

Enter Activity Information	
Case Number:*	<input type="text" value="000865082"/>
Provider Contact Name:*	<input type="text"/>
Contact Phone Number:*	<input type="text"/>
Sequence Number:*	<input type="text" value="01"/>
Activity Type:*	<input type="text" value="HCPCS"/> ▼
Activity Code:*	<input type="text" value="A0180"/>
Modifier:	<input type="text"/>
Allowed Units:*	<input type="text" value="2"/>
Note:	<input type="text"/>
<input type="button" value="Next"/> <input type="button" value="Clear"/>	

The Verify Activity Information!

- **Submit Button:** If the information entered is correct, click “Submit”.
- If you need to add another Activity (HCPCS) to the same event, after selecting “Submit” click on the Add New Activity button. A blank activity page will appear which will allow you to enter additional HCPCS code(s).
- **Edit Button:** If a correction is required, click the “Edit” button, *make the correction, then select the “Update Button” to accept the changes.*

Verify Activity Information

Case Number: 000865082

Provider Contact Name:

Contact Phone Number:

Sequence Number: 01

Activity Type: H (HCPCS)

Activity Code: A0180

Modifier:

Allowed Units: 2

Note:

Submit

Edit

The Online portal will list each activity line entered by CPT/HCPCS code, units and status.

Activity List									
Transaction Succeeded.									
Line No	Activity Type	Activity Code	HCPCS	Allowed Units	Used Units	Status	Reason	Unit Price	
01	HCPCS	A0180		2.000	0.000	PENDED	PH009	0.0000	Update
02	HCPCS	A0190		2.000	0.000	PENDED	PH009	0.0000	Update
Add New Activity									

Once you have completed entering all procedure codes for the prior authorization request for the date of service you are done.



AHCCCS Online Provider Portal Claim Submission Training

To begin, select the Claim Submission Tab. Select type of claim Professional and click the “Go” button.

The screenshot displays the AHCCCS web application interface. On the left is a vertical menu with a 'Menu' header and items including 'AHMH Services Program', 'Claim Status', 'Claims Submission' (highlighted with a red border), 'EFT Enrollment', 'Member Verification', 'Newborn Notification', 'Prior Authorization Inquiry', 'Prior Authorization Submission', 'Provider Verification', 'Targeted Investments Program', and 'Members Supplemental Data'. Below this is a 'Support and Manuals' section with links to 'AHCCCS Online User Manuals', 'AHCCCS Online Learn More', and 'Frequently Asked Questions'. The main content area is titled 'Claim Submission' and contains a paragraph about processing times and deadlines. Below this is a text input field for 'Payer/Receiver Electronic Transmitter Identification Number:'. A red note states: 'NOTE: You cannot view the processing status of claims submitted by other users.' There are two main sections: 'Enter New Claim' and 'View Claim Processing Status'. The 'Enter New Claim' section has a 'Type of Claim:' dropdown menu set to 'Professional' and a 'Go...' button. The 'View Claim Processing Status' section has a 'Submission Date(s):' field with a date range input and a 'Go...' button.

Menu

- AHMH Services Program
- Claim Status
- Claims Submission**
- EFT Enrollment
- Member Verification
- Newborn Notification
- Prior Authorization Inquiry
- Prior Authorization Submission
- Provider Verification
- Targeted Investments Program
- Members Supplemental Data

Support and Manuals

- AHCCCS Online User Manuals
- AHCCCS Online Learn More
- Frequently Asked Questions

Claim Submission

Claims submitted to AHCCCS prior to 4:00 PM, Monday through Friday, will be processed within 24 to 48 hours. Once the claim has been sent for processing, it can no longer be modified via the web. After the processing deadline, corrections will need to be submitted as a **Replacement** or **Void**. The claim will not be accepted if any required data elements are missing. The claim will also be rejected if the recipient is not eligible for coverage at the time the service is rendered. Claims will be processed under the following Identification Number (Non-Person Entity):

Payer/Receiver Electronic Transmitter Identification Number:

NOTE: You cannot view the processing status of claims submitted by other users.

Enter New Claim

Type of Claim: **Professional**

View Claim Processing Status

Submission Date(s): -

The submitter tab is used to verify your provider informational only and no action is required. Click on the **Providers** tab to open the dropdown menu to begin entering the billing and rendering provider information.

Professional Claim Submission

Submitter	Providers	Patient/Subscriber	Ambulance	Other Payer	Attachments	Claim Information	Service Lines
-----------	-----------	--------------------	-----------	-------------	-------------	-------------------	---------------

Submitter

Organization Name:	TEST
Electronic Transmitter ID Number:	
Information Contact Name:	
Information Contact Telephone Number:	

Save

Submit

Cancel

After selecting the Providers tab a dropdown toolbar will appear. Select the **Billing Provider** tab and complete the fields with the red asterisk (tax id, commercial number, entity type and pay-to location).

Submitter	Providers	Patient/Subscriber	Ambulance	Other Payer	Attachments	Claim Information	Service Lines
-----------	-----------	--------------------	-----------	-------------	-------------	-------------------	---------------

Billing Provider	Rendering Provider	Referring Provider	Service Facility
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Billing Provider

* Tax ID: ☐ SSN ☒ EIN

Provider Commercial Number:

* CMMS National Provider ID (NPI):

* Entity Type: ☐ Person ☒ Non-Person Entity

Health Care Provider Taxonomy Code:

Provider Name:

Information Contact Name:

Information Contact Telephone Number:

Service Locator Code/Address:

* Pay-To Locator Code/Address:

Next, select the **Rendering Provider** tab and complete the fields with the red asterisk (tax id, commercial number, entity type).

Submitter	Providers	Patient/Subscriber	Ambulance	Other Payer	Attachments	Claim Information	Service Lines
Billing Provider	Rendering Provider	Referring Provider	Service Facility				

Rendering Provider

Provider Commercial Number: 123456

* CMMS National Provider ID (NPI):

* Entity Type: ☐ Person ☒ Non-Person Entity

Provider Name:

** Service Locator Code/Address:

Performing Health Care Provider Taxonomy Code:

** Required ONLY when Billing different, or Billing provider

Next select the **Patient/Subscriber** tab. Enter the member ID number and date of birth and click the **Find** button. **Payer Responsibility** field, from the dropdown option, select the primary insurance payer.

Submitter	Providers	Patient/Subscriber	Ambulance	Other Payer	Attachments	Claim Information	Service Lines
-----------	-----------	--------------------	-----------	-------------	-------------	-------------------	---------------

Insured or Subscriber

* Member ID Number/Date of Birth:

Person Name:

Gender:

Residential Address:

* Payer Responsibility:

NOTE: AHCC

Completing the Claims Information Tab

- Patient Control Number - account number created by the provider for internal tracking purposes.
- Provider Signature on File- Yes
- Provider Accept Assignment - Click yes, if you are accepting payment from AHCCCS.
- Benefits Assignment - Click yes, if member has indicated that payment should go directly to the provider.
- Release of Information Consent- A signed statement by the patient authorizing the release of medical data to other organizations.

Claim Information

Original Reference Number: ☐ Replacement ☐ Void

Prior Authorization Number:

* Patient Control Number:

Medical Record ID Number:

Initial Treatment Date:

Date of Current Injury: (Accident)

** Patient's Condition Related To: ☐ Employment ☐ Other Accident ☐ Auto Accident

*** Place in which accident occurred: (State)

Special Program Indicator:

* Provider Signature on File: ☒ Yes ☐ No

* Provider Accept Assignment: ☒ Assigned ☐ Accepted on Clinical Lab Services Only ☐ Not Assigned

* Benefit Assignment: ☒ Yes ☐ No ☐ Not Applicable

* Release of Information Consent: ☐ Informed Consent ☒ Yes

EPSDT Screening Referral: ☐ Yes ☐ No (Mutually Defined)

Condition Indicator: 1
2
3

Additional Information:


(80 character max)

Completing the Service Lines Tab

- Select - ICD10, this will prompt the system to read a valid ICD-10 diagnosis code.
- Diagnosis Codes - enter R6889 in the first box (omit the decimal point).
- Diagnosis Code Pointer - check box 1.
- Enter the service date span.
- Enter the total charge amount in the Line Charges field for the first line of service entered.
- Enter the total quantity for the HCPCS code entered.
- Enter the HCPCS code.
- Place of Service code field, select POS 99 from the drop-down menu.
- Click the “Add” button to accept the entry.

Submitter	Providers	Patient/Subscriber	Ambulance	Other Payer	Attachments	Claim Information	Service Lines
Diagnosis or Nature of Illness or Injury (Relate Items 1 - 12 by line to the Diagnosis Code Pointer)							
* Standard: <input type="radio"/> ICD-9 <input checked="" type="radio"/> ICD-10		* Diagnosis Codes: 1 <input type="text" value="R6889"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/> 10 <input type="text"/>					
Service Line							
* Diagnosis Code Pointers: 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>							
* Service Dates: <input type="text" value="03/01/2023"/> - <input type="text" value="03/15/2023"/>							
* Line Charges: \$ <input type="text" value="100.00"/>				* Place of Service Code (POS): <input type="text" value="99 - OTHER UNLISTED FACILITY"/>			
* Quantity: <input type="text" value="2"/> <input type="radio"/> Minutes <input checked="" type="radio"/> Units				Modifier Codes: 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>			
* HCPCS Code: <input type="text" value="A0180"/>				Prescription Date: <input type="text"/>			
National Drug Code: <input type="text"/>				**Prescription #/Identifier: <input type="text"/> <input type="text"/>			
**NDC Quantity/Measure: <input type="text"/> <input type="text"/> <input type="button" value="v"/>				Taxonomy Code: <input type="text"/> (Performing HC Provider)			
Immunization Batch Number: <input type="text"/>				Patient Count: <input type="text"/>			
Indicators: Emergency <input type="checkbox"/> EPSDT <input type="checkbox"/>							
Provider Control Number: <input type="text"/>							
**Other Payer: Primary ID <input type="text"/> Paid Amount \$ <input type="text"/> Units <input type="text"/> Procedure Code/Qualifier <input type="text"/>							
**Medicare: Paid Amount \$ <input type="text"/> Units <input type="text"/> Procedure Code/Qualifier <input type="text"/> <input type="button" value="v"/>							
Other Adjustment(s): Medicare Deductible \$ <input type="text"/> Medicare Coinsurance \$ <input type="text"/> Medicare Copay \$ <input type="text"/>							
**Durable Medical Equipment: HCPCS <input type="text"/> Purchase Price \$ <input type="text"/> Rental Price \$ <input type="text"/> <input type="button" value="v"/> Length of Medical Necessity <input type="text"/>							
**Ordering Physician: Plan ID <input type="text"/> Last Name <input type="text"/> First Name <input type="text"/> City <input type="text"/>							
<input type="button" value="Add"/>							

A summary of the information entered will present at the bottom of the page. Click on the **“Add”** button to enter additional service lines.

Line No.	Begin Date	End Date	POS	HCPCS	Mod 1	Mod 2	Mod 3	Mod 4	NDC Code	NDC Units	Diag 1	Diag 2	Diag 3	Diag 4	Diag 5	Diag 6	Diag 7	Diag 8	Diag 9	Diag 10	Diag 11	Diag 12	Min./Units	Type	Line Charges	Medicare Paid Amount	Units	Proc Code	Medicare Deductible Amount	
 1	2/1/2023	2/15/2023	99	A0180						0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	UN	100.00		0			
																								Totals:		\$100.00	\$0.00			\$0.00

Service Line

* **Diagnosis Code Pointers:** 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐

* **Service Dates:** 02/01/2023 - 02/5/2023

* **Line Charges:** \$ 100.00

* **Place of Service Code (POS):** 99 - OTHER UNLISTED FACILITY ▼

* **Quantity:** 2 ☐ Minutes ☒ Units

Modifier Codes: 1 ☐ 2 ☐ 3 ☐ 4 ☐

* **HCPCS Code:** A0190

Prescription Date:

National Drug Code:

****Prescription #/Identifier:**

****NDC Quantity/Measure:**

Taxonomy Code:

(Performing HC Provider)

Immunization Batch Number:

Patient Count:

Indicators: Emergency ☐ EPSDT ☐

Provider Control Number:

****Other Payer:**

Primary ID

Paid Amount \$

Units

Procedure Code/Qualifier

****Medicare:**

Paid Amount \$

Units

Procedure Code/Qualifier

Other Adjustment(s):

Medicare Deductible \$

Medicare Coinsurance \$

Medicare Copay \$

****Durable Medical Equipment:**

HCPCS

Purchase Price \$

Rental Price \$

Length of Medical Necessity

(Days)

****Ordering Physician:**

Plan ID

Last Name




First Name

City

Add

** All or none of the information is required for th

After entering all service lines, click the **“Submit”** button to finalize the claim. Notes: The **“Pencil”** icon is the edit button. The **“X”** icon will cancel the individual line number. If you want to remove/delete the entire claim, click the **“Cancel”** button.

Line No.	Begin Date	End Date	POS	HCPCS	Mod 1	Mod 2	Mod 3	Mod 4	NDC Code	NDC Units	Diag 1	Diag 2	Diag 3	Diag 4	Diag 5	Diag 6	Diag 7	Diag 8	Diag 9	Diag 10	Diag 11	Diag 12	Min./Units	Type	Line Charges	Medicare Paid Amount	Units	Proc Code	Medicare Deductible Amount	
  1	2/1/2023	2/15/2023	99	A0180						0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	UN	100.00		0			
  2	2/1/2023	2/5/2023	99	A0190						0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	UN	100.00		0			
																								Totals:		\$200.00	\$0.00			\$0.00

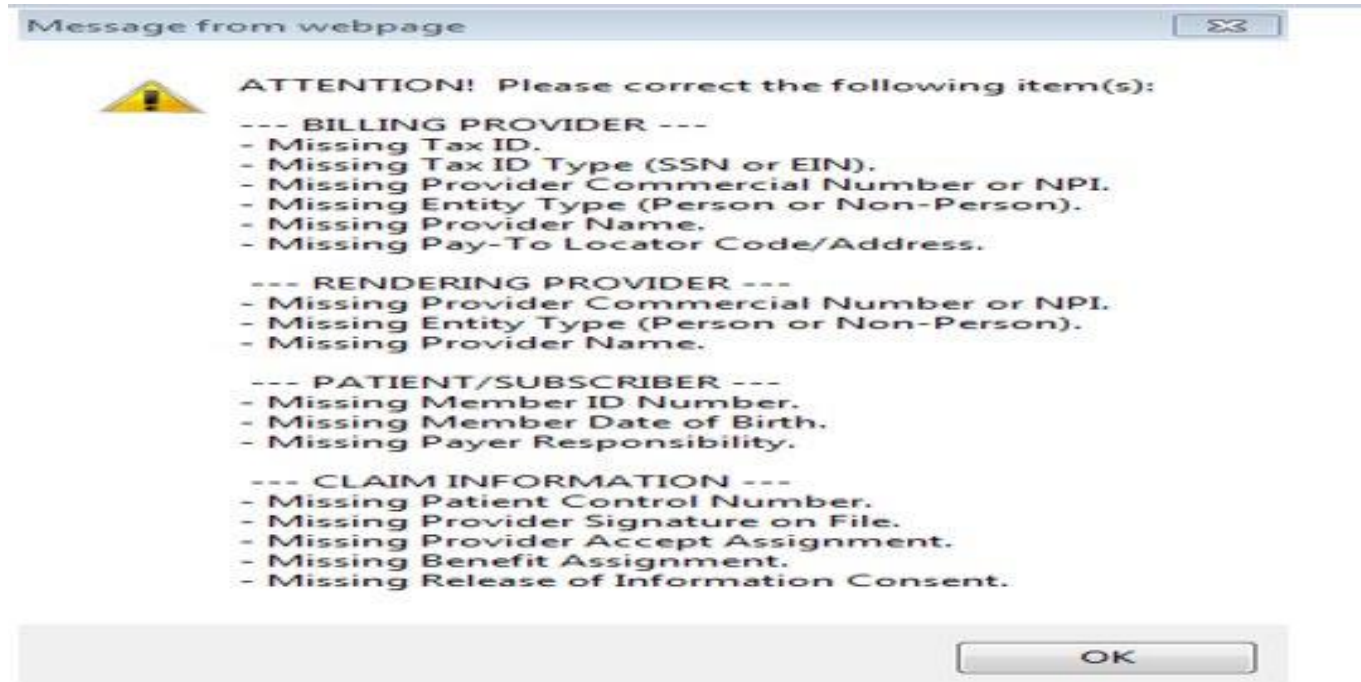


Save

Submit

Cancel

If required fields have not been completed, the system will identify each missing field. Click the “Ok” button and go back to the field to enter the missing information.



The Claim Entry Confirmation page will appear. The View Claim button will display the details of the claim that was just submitted.

Claim Entry Confirmation

Transmission Status:	Successful
Claim Type:	Professional
Patient Account Number:	A09340007
Confirmation Code:	P-297

Attachments

You can go to the 275 portal to upload your document by clicking on the attachment link

Beginning with services incurred on 7/1/2013, all NEMT claims must be submitted with the new AHCCCS standard Daily Trip Report. Effective with service dates 8/1/2013 and forward, any non-emergency transport claim that is submitted without the standard Daily Trip Report will be denied. It is the provider's responsibility to maintain all documentation that supports each transport service claimed. Please click [here](#) to submit an attachment.

View Claim

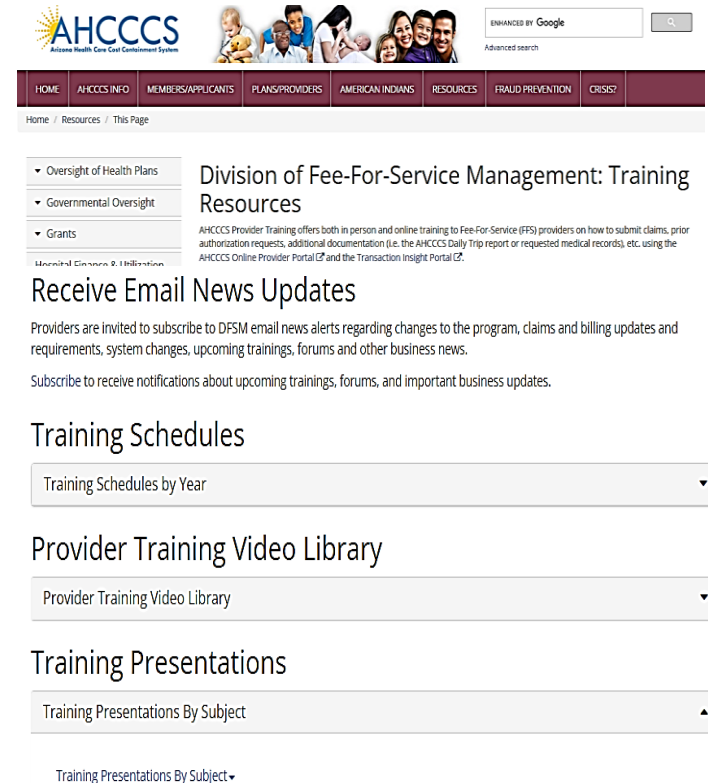
Enter New Claim



Division of Fee-for-Service Management (DFSM) Provider Education and Training Unit

Provider Education And Training Schedule

- The quarterly provider training schedules are posted to the provider training webpage. Registration is required to attend the scheduled trainings.
- To register, click the link below, select Training Schedule by Year, select the current quarter, and then select the training of your choice and complete the required information fields and submit.
- In addition to the training webinars the Provider Education team is available to assist providers with additional one-one training needs.
- https://www.azahcccs.gov/Resources/Training/DFS_M_Training.html



The screenshot displays the AHCCCS (Arizona Health Care Cost Containment System) website. At the top, there is a navigation bar with links: HOME, AHCCCS INFO, MEMBERS/APPLICANTS, PLANS/PROVIDERS, AMERICAN INDIANS, RESOURCES, FRAUD PREVENTION, and CRISIS. Below the navigation bar, the 'Resources' section is active, showing a list of links: Oversight of Health Plans, Governmental Oversight, and Grants. The main content area is titled 'Division of Fee-For-Service Management: Training Resources' and includes a brief description of the training offerings. Below this, there is a section for 'Receive Email News Updates' with a subscription link. The 'Training Schedules' section features a dropdown menu set to 'Training Schedules by Year'. The 'Provider Training Video Library' section has a dropdown menu set to 'Provider Training Video Library'. The 'Training Presentations' section has a dropdown menu set to 'Training Presentations By Subject'.

Questions?

Thank You.